

SOUTH CAROLINA

DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION:

SCDHEC is committed to protecting the privacy of your health information. We create a record of the health care and services you receive in order to provide you with quality care and to comply with legal requirements.

This Notice explains how we may use or release your health information, our obligations related to the use and release of your health information, and your rights regarding your health information. We are required by law to make sure that health information that identifies you is kept private, to give you this Notice of our legal duties and privacy practices with respect to your health information, and to follow the terms of our current Notice.

This Notice applies to all of the records of your care generated by SCDHEC, whether made by clinic personnel or another health care provider. The practices described in this Notice will be followed by all SCDHEC clinics, any member of a volunteer group we allow to help you while you are in this facility, and all employees, staff and other SCDHEC personnel.

If you have any questions about this Notice of Privacy Practices, please contact:

**SCDHEC Privacy Officer
South Carolina Department of Health
and Environmental Control
2600 Bull Street/Columbia, SC 29201
(803) 898-3318**



HOW SCDHEC USES AND RELEASES HEALTH INFORMATION

The following categories describe different ways SCDHEC uses and releases health information.

- **For Treatment.** We use your health information to provide you with medical treatment or services. We may release your health information to caregivers such as doctors, nurses, technicians, medical students, or other clinic or SCDHEC personnel who take care of you at SCDHEC. For example, a doctor treating you may need to know if you have diabetes because diabetes can have an impact on your treatment. In addition, the doctor may need to refer you to a dietitian for additional counseling and services. Different divisions or departments of SCDHEC also may share health information about you in order to coordinate your different needs, such as prescriptions, lab work and referrals. We also may release information to persons outside of SCDHEC who assist in your care such as family members or other healthcare providers.
- **For Payment.** We may use and release your health information to bill and collect payment for your treatment and services from an insurance company or a third party. For example, we may need to give your health plan information about a service you received at one of our clinics so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use and release your health information for healthcare operations necessary to run the clinic and make sure that all of our patients receive quality care. For example, we may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may combine health information about many clinic patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other clinical personnel for review and learning purposes. We may also combine the health information we have with information from other providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical

information so others may use it to study health care and health care delivery without learning who the specific patients are.

- **Appointment Reminders.** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at SCDHEC.
- **Treatment Alternatives and Health-Related Benefits and Services.** We may use and release your health information to tell you about or recommend possible treatment options or alternatives, or health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release health information about you to a friend or family member who is involved in your healthcare. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an agency assisting in disaster relief efforts so that your family can be notified about your condition, status and location.
- **Research.** Under certain circumstances, we may use and release your health information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another medication for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients’ need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process, but we may, however, disclose health information about you to people preparing to conduct a research project. For example, information may be disclosed to help them look for patients with specific medical or health needs, so long as the health information they review does not leave SCDHEC.
- **As Required By Law.** We will release health information about you when we are required to do so by federal or state law.
- **To Avert a Serious Threat to Health or Safety.** We may use and release health information about you when necessary to prevent a serious threat to your health and

safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

USE AND RELEASES OF YOUR INFORMATION IN SPECIAL SITUATIONS

- **Organ and Tissue Donation.** If you are an organ donor, we may release your health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- **Workers’ Compensation.** We may release health information about you for workers’ compensation or similar programs that provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may release your health information for public health activities such as the following: to prevent or control disease, injury or disability; to report vital events such as births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence (we will only release information for this reason if you agree to the release or if we are required or authorized to make the release by law.)
- **Health Oversight Activities.** We may release your health information to a health oversight agency for activities authorized by law such as audits, investigations, inspections, and licensing. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may release your health information in response to a court or administrative order. We may also disclose health information about you in response

to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if we have made an effort to tell you about the request or to obtain an order protecting the information requested.

➤ **Law Enforcement.** We may release health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;

- To identify or locate a suspect, fugitive, material witness, or missing person;

- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement;

- About a death we believe may be the result of criminal conduct;

- About criminal conduct at the hospital; and

- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

➤ **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary to carry out their duties.

➤ **National Security and Intelligence Activities.** We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

➤ **Protective Services for the President and Others.** We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

➤ **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official if the release is necessary for the institution to provide you with health care, to protect your health and safety or the

health and safety of others, or for the safety and security of the correctional institution.

➤ **We will not use or release your health information for purposes of marketing or fund-raising activities.**

YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding the health information SCDHEC has about you:

➤ **Right to Inspect and Copy.** You may request to see and receive a copy of your health information, including your medical, billing or health care payment information, from the local health department. This does not include psychotherapy notes or information needed for civil, criminal or administrative proceedings. We may charge a fee for the costs of copying, mailing or other supplies associated with your request. In limited cases, we may deny your request. If your request is denied, you may request a review of the denial. Another licensed health care professional chosen by SCDHEC will review your request and the denial. The person conducting the review will not be the same person who denied your request. We will comply with the reviewer’s decision.

➤ **Right to Amend.** If you believe your health information is incorrect or incomplete, you may ask us to amend the information by sending a request in writing to the Privacy Officer, stating the reason you believe your information should be amended. We may deny your request if you ask us to amend information that was not created by us; is not part of the health information kept by or for SCDHEC; is not part of the information you would be permitted to inspect and copy; or your health information is accurate and complete. You have the right to request an amendment for as long as SCDHEC keeps the information.

Right to an Accounting of Releases. You have the right to request a list of the releases we have made of your health information. This list will not include health information released to provide treatment to you, obtain payment for services, or for administrative or operational purposes; releases for national security purposes; releases to correctional or other law enforcement facilities; releases authorized by you; releases to persons involved in your health care; and releases made prior to April 16, 2003.

You must submit your request in writing to the Privacy Officer, stating a time period that may not go back further

than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, by paper or electronically). The first list you request within a 12- month period will be free. We may charge you for the cost of providing additional lists. If so, we will notify you of the cost and you may withdraw or modify your request before any costs are charged to you.

➤ **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you may ask that we not use or disclose information about an immunization or particular service you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

➤ **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

➤ **Right to a Paper Copy of This Notice.** You have the right to request a paper copy of this notice at any time by contacting the Privacy Officer named in this Notice.

You may obtain a copy of this notice at our website **www.scdhec.net**

CHANGES TO THIS NOTICE

➤ We reserve the right to change this notice. We may make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in SCDHEC clinics and other facilities. The notice will contain on the first page, in the lower right-hand corner, the effective date. In addition, each time you receive treatment or health care services at any SCDHEC clinic, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the SCDHEC Privacy Officer or with the Department of Health and Human Services Office of Civil Rights. To file a complaint with SCDHEC, submit your complaint in writing to the Privacy Officer at the address listed on the first page of this Notice. All complaints must be submitted in writing. To file a complaint with the Office of Civil Rights, submit your complaint in writing to:

Office for Civil Rights
Department of Health & Human Services
61 Forsyth Street, SW. – Suite 3B70
Atlanta Georgia 30323

(404) 562-7886; (404) 331-2867 (TDD)
(404) 562-7881 FAX

or www.hhs.gov/ocr

You will not be penalized or retaliated against for filing a complaint.

OTHER USES OF HEALTH INFORMATION

This Notice describes and gives some examples of the permitted ways your health information may be used or released. We will ask for your written permission before we use or release your health information for purposes not covered in this Notice or required by law. If you provide us written permission to use or release information, you can change your mind and remove your permission at any time by notifying the Privacy Officer in writing. If you remove your permission, we will no longer use or release the information for that purpose. However, we will not be able to take back any release that we made with your permission, and we are required to retain our records of the care that we provided to you.